

## **Federal Victims of Crime Act (VOCA)**

# Statistical Performance Report Fiscal Year 2003

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All statistics must represent services provided only by persons funded by VOCA dollars or VOCA matching contributions.

## **VOCA QUARTERLY STATISTICAL PERFORMANCE REPORT INSTRUCTIONS**

### SECTION 1: TOTAL PRIMARY VICTIMS AND SIGNIFICANT OTHERS SERVED

**Directions:** In the appropriate categories, indicate the total number of primary victims and significant others who received DIRECT services by the VOCA funded project during this quarter. **Each client may be counted only once.** 

Individuals who indirectly benefited from a service performed on behalf of a primary victim may not be counted on this statistical report. For example, VOCA funded staff may assist a woman in obtaining a protective order and she would be counted as a primary victim. Unless her children receive direct services from VOCA supported staff; they should not be counted as victims or significant others.

- **A. NEW CLIENTS** A client is new if he/she has not previously received services from your program.\* If an ongoing client is re-victimized by a different perpetrator or victimized by a different crime, they should be counted as a new client.
- 1. **New Face-to-Face:** Includes any face-to-face client who is being seen by VOCA staff for the first time this quarter. Do not include new clients where the only method of contact was by telephone or hotline. If an ongoing client is re-victimized by a different perpetrator or victimized by a different crime, they should be counted as a new client.
- 2. **New Telephone:** Includes any new client who received services solely over the telephone for the first time this quarter. Do not include calls received through an agency hotline.
- 3. **New Hotline:** Includes any new client who received services solely through the agency telephone hotline this quarter.
- **B. ON-GOING CLIENTS** A client is on-going if he/she has previously received services during the current fiscal year or previous fiscal years. **Aside from first contacts, Domestic Violence clients should be considered on-going if the same perpetrator is involved.**
- On-going Face-to-Face: Includes any face-to-face client who received services during this quarter, as well
  as in any previous quarter. Do not include new clients where the only method of contact was by telephone or
  hotline.
- 2. **On-going Telephone:** Includes any client who received services solely over the telephone this quarter and in any previous quarter during the current fiscal year.
- 3. **On-going Hotline:** Includes any client that received services solely through the agency telephone hotline in this quarter and in any previous quarter this fiscal year.
- PLEASE NOTE Clients should be counted as a new client once regardless of fiscal years.

## **SECTION 2: VICTIMS SERVED (all new and on-going clients)**

Directions: In the appropriate category, indicate the number of new and on-going VICTIMS and Significant Others that received each service this quarter. Be sure to consider all services provided to the victim. For example, VOCA staff may have provided information and referral, assistance with victim compensation benefits, and advocacy to one victim: You should include that person in your total *for each category*.

- 1. **Counseling** refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of the crime, immediately after a crime, **or be provided on an ongoing basi s.**
- 2. **Follow-Up** refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc. (Not to be confused with #1.)
- 3. **Hotline** includes any services provided to a client over a telephone hotline.
- 4. **Therapy** refers to intensive professional psychological and/or psychiatric treatment. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.
- Group Treatment/Support refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc. Report the number of participants in each group session provided this reporting period. Do not count the same participant twice.
- Shelter/Safe House refers to offering short and long term housing and related support services to victims and families following victimization. Count each VOCA client receiving shelter during this reporting period.
- 7. **Assistance with Victim Compensation** includes any information, assistance or advocacy provided for clients regarding the availability of victim compensation.
- 8. **Criminal Justice Support/Advocacy** refers to support or advocacy provided to clients at any stage of the criminal justice process, including post-sentencing services and support.
- 9. **Emergency Legal Advocacy** refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions but does *not* include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil disputes, etc.
- 10. **Medical Advocacy** includes advocacy performed on behalf of a client in a medical setting or when dealing with medical personnel, or a direct service such as a medical evaluation.
- 11. **Personal Advocacy** refers to assisting victims in securing rights, remedies, and services from other agencies; *locating emergency financial assistance*, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc.; *accompanying the victim to the hospital* (not to be confused with #10).
- 12. **Emergency Financial Assistance** refers to *cash outlays* for transportation, food, clothing, emergency housing, etc. *(not to be confused with # 11)*.
- 13. **Information and Referral (in-person)** refers to in-person contacts with victims during which time services and available support are identified.
- 14. **Information and Referral (telephone)** refers to contacts with victims during which time services and available support are identified. *This does not include calls during which counseling is the primary function of the telephone call.*
- 15. **Other** refers to other **VOCA allowable** services and activities not listed. In the space provided, please specify what services were provided to or received by the client.

## **SECTION 3: REFERRALS MADE AND RECEIVED (all new clients and on-going clients)**

**Directions:** Indicate on this page the number of referrals VOCA staff made to other programs/agencies and the number of referrals your program received from other agencies during this quarter. If clients were referred to more than one agency, count each referral made. This information should be provided for all clients, new and on-going.

- 1. **Self/Family**: Includes any instances where the client has referred self or when they have been referred to the agency by a family member.
- 2. **Non-VOCA Staff Within Agency**: Referrals to or from staff within the agency who are not VOCA funded, match or project volunteers (inter-agency referrals).
- 3. **Police**: Referrals to or from a law enforcement organization including local or state police, MDC police or the FBI.
- 4. **Victim Witness Assistance Program**: Referrals to or from victim assistance programs in any of the District Attorney's offices throughout Massachusetts and the Attorney General's Office or U.S. Attorney's Office. Also includes referrals to and from Post-conviction Victim Service Units like the Parole Board, the Criminal History Systems Board, County Correctional Facilities and Dept. of Youth Services.
- 5. **Court Personnel**: Referrals to or from any court personnel like judges, clerks, probation officers, etc.
- 6. **Legal Services**: Referrals to or from any legal services including attorneys, law firms, legal aid and/or advocacy organizations, etc.
- 7. **Victim Compensation**: Referrals to or from the Attorney General's Victim Compensation and Assistance Division.
- 8. **VWAB/MOVA**: Referrals to or from the Victim and Witness Assistance Board or its Executive Office staff at the Massachusetts Office for Victim Assistance.
- 9. **Shelter/Safe Home**: Referrals to or from shelters or safe homes outside of your agency.
- Social Services: Referrals to or from any social or human service agencies.
- 11. **Mental Health Agency/Facility**: Referrals to or from any outpatient, in-patient or residential mental health agency/facility.
- 12. **Other Victim Service Agencies:** Referrals to or from any agency or program that specializes in serving victims of crime, if not previously reported in #'s 10 or 11.
- 13. **Medical Services:** Referrals to or from any type of medical services including physicians, clinics, etc.
- 14. **Substance Abuse Programs** Referrals to or from any type of substance abuse programs or services, including in-patient, outpatient, Alcoholics anonymous, Narcotics Anonymous.
- 15. **Schools** Referrals to or from any school setting including pre-school through college/university.
- 16. **Religious Organizations:** Referrals to or from churches, synagogues, clergy, or any other organization with religious affiliation.
- 17. **Program Outreach/Media**: Referrals received specifically as a result of public service announcements, media advertising, presentations to community groups, etc.
- 18. **Brochure**: Referrals received as a result of brochures printed and distributed by the VOCA programs.
- 19. **Other:** Includes any referrals made or received that do not fit into any of the above categories.
- 20. **Not Known**: Use only if you do not know how a client was referred to your agency/program.

## SECTION 4: TYPE OF CRIME (new clients or newly disclosed crimes only)

**Directions:** Please report the crime(s) committed against new clients or newly disclosed crimes for on-going clients. If the client is a victim of multiple crimes, please count each of the crimes they have disclosed to you if they are relevant to the victim service you are providing.

- 1. **Homicide** refers to all types of homicide, except vehicular. "Homicide Survivor" is defined as a family member, loved one or friend (primary victim) of a person who has been the victim of a homicide. This category may also include individuals served who are affected by the homicide but do not meet the definition: e.g., a student received services after another student, who was not a friend, was murdered (significant other).
- 2. **Motor Vehicular Homicide** refers to all cases of vehicular homicide. See definitions in #1 above with regard to primary victims and significant others.
- 3. **Assault -** refers to all types of assault including battery. Please exercise caution in counting a crime as assault if the crime is also counted as domestic violence, child physical or sexual abuse, elder abuse and abuse of disabled persons.
- 4. **Robbery** refers to illegal taking of money or property from a person against his will by force or intimidation.
- 5. **Domestic Violence** refers to physical harm, an "attempt" to harm or cause fear of imminent serious physical harm, and the use of force or threats to force to engage in sexual relations. Relationships that may involve domestic violence include spouses, ex-spouses, and relatives, regardless of whether they live together, and any unrelated household member with whom they currently live or formerly lived. Please exercise caution if the crime is also counted as elder abuse and abuse of a disabled person.
- 6. **Adult Sexual Assault/Abuse** refers to instances of completed rape, attempted rape or forced sexual contact made against an adult individual. Acquaintance or date rape should be included in this category. Also includes incidence of non-physical assault such as sexual threats or verbal attacks.
- 7. Adult Survivor of Incest or Child Sexual Assault refers to sexual assault committed against an individual who is now 18 years or older and receiving services, but who was under age 18 at the time of the assault.
- 8. **Adult Survivor of Child Physical Abuse** refers to physical abuse committed against an individual when they were under the age of 18, but are now 18 years or older and receiving services.
- 9. **Child Sexual Assault/Abuse** refers to incest or sexual assault (completed rape, attempted rape, forced sexual contact) of a child under the age of 18 and who is under age 18 when receiving services.
- 10. **Child Physical Abuse** refers to physical or emotional abuse/neglect or other child victimization committed against a child under the age of 18.
- 11. **Abuse of Disabled Persons** refers to physical or emotional abuse/neglect inflicted by a family member or caretaker against an individual with disabilities.
- 12. **Elder Abuse (ages 60 +)** refers to physical or emotional abuse/neglect inflicted by a family member or caretaker against an individual age 60 or older.
- 13. **Violation of a Protective Order -** refers to a violation of an active protective order (209A) by the defendant who knew about the protective order and it's conditions.
- 14. **Driving Under the Influence/Reckless Driving** refers to a crime which has been committed as a result of drunk or reckless driving. This does not include cases of vehicular homicide.
- 15. **Hate Motivated Crime** refers to crimes committed against individuals or groups on the basis of gender, race, religion, disability, national origin or sexual orientation. This includes assault, sexual assault, threats and harassment, and may be reported in this category *as well as in another category.*
- 16. **Political Trauma** refers to crimes committed against individuals or groups on the basis of their political beliefs or actions. This may include physical violence, torture, assault and sexual assault.
- 17. **Other** refers to any crime(s) not listed above. Please specify the crime in the space provided.

## SECTION 5: CIVIL RIGHTS COMPLIANCE (new clients only) \*

#### A. DISABILITY

**Directions:** In the appropriate category, note whether the client is physically or mentally disabled/impaired. The definition of disability includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. This information is required for new clients this quarter only, or for clients for whom a disability/impairment was not previously reported. It is also important that disabilities not visible or readily apparent (e.g. epilepsy, hearing impairment, auditory impairment) be counted. The information a client provides will assist you in providing appropriate services to them.

## B. RACE/NATIONAL ORIGIN

**Directions:** In the appropriate category, note the race/national origin of all new clients this quarter. Please make every effort to obtain this information from all telephone clients. The information they provide will assist you in providing any culturally sensitive services to the client.

## C. AGE/GENDER

**Directions:** In this section, please note the gender and age of the victim. Report for all new clients this quarter. Please make every effort to gather this data especially in cases where the only contact with the victim is over the telephone.

• The federal government requires this information for monitoring civil rights compliance.

## **SECTION 6: TRAINING**

## A. TRAINING RECEIVED

**Directions:** In this section, note the number of hours of training received by VOCA paid, match and unpaid/volunteer victim services staff this quarter. Please specify the content of the training received. Use additional space if necessary.

## **B. IN-SERVICE/OUTREACH**

**Directions:** In this section, please note in the appropriate category, the number of hours of in-service/outreach by VOCA paid, match and unpaid/volunteer victim services staff. Please specify the content of the in-service/outreach in the column provided.

#### Possible in-service/outreach topics:

Basic Victim Services
Domestic Violence
Child Victimization (e.g. sexual abuse, physical abuse)
Homicide Survivors
Sexual Assault
Elder Abuse
Hate Motivated Crimes
Post-Conviction Issues

## **SECTION 7: PROGRAM UPDATE**

## **Directions:**

In this section please explain any program updates or changes regarding your VOCA funded staff, VOCA Program, and fiscal management of the VOCA Program during the past quarter.

**STAFFING:** This includes resignations, hires or internal changes in responsibilities of VOCA funded direct service staff, Executive Director, Chief Financial Officer/Business Manager, and/or administrative support staff. **Please send in resumes for all newly hired staff paid with VOCA funds.** 

**PROGRAM:** Please explain if direct services were not provided or were provided at a reduced level due to changes in staff or for other reasons. Change in facility/location of the agency and explain when direct services had begun when they had not been previously provided. Also, please include a complete list of board members, if there have been any changes.

FISCAL: Please submit all requests for budget changes in writing for approval.

This needs to be done **prior** to any budget change.

Thank you for completing this report in a timely and accurate manner.

Please return completed report to:
 Allison Tassie

Massachusetts Office for Victim Assistance
One Ashburton Place, Room 1101
 Boston, MA 02108
 Allison.Tassie@state.ma.us